

Permit No. \_\_\_\_\_

**New Jersey Department of Community Affairs**  
**Bureau of Construction Project Review**  
**State Buildings Unit**

**Annual Permit Application**  
**(To Be Submitted in Duplicate)**

1. Name of Facility \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. The buildings to be covered by this annual permit are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The annual permit records will be maintained at:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Provide a list of full time maintenance staff at the facility for each subcode using the attached sheets (see pages 3 through 6).

5. List the names of at least one, but not more than three, individuals per subcode who are required to complete five hours of continuing education per year (see page 7).

6. The name and telephone number of the person who will be responsible for the maintenance logs, job assignments and quality control is:

\_\_\_\_\_

7. Provide a brief statement from facility management attesting that the maintenance staff performing work under the annual permit are under the direct supervision of a qualified individual, as set forth in N.J.A.C. 5:23-2.14(e)1, or are individually qualified in their respective trades:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Provide a brief statement from facility management explaining their procedures for providing training at Department seminars on construction codes on a regular basis for at least one, but not more than three individuals per subcode:

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9. Provide a brief statement from facility management explaining the procedures of the applicant to ensure proper quality control of the work performed under the annual permit:

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10. As of March 2, 2009 payment of the annual permit fee according to the following schedule, as required by N.J.A.C. 5:23-4.20(c)5ii:

One to 25 workers (including foremen): \$840.00 per worker  
Each additional worker over 25: \$292.00 per worker

Training registration fee of \$176.00 per subcode

Checks shall be made payable to "Treasurer, State of New Jersey," and forwarded to the State Buildings Unit with this application. If payment will be made by Intergovernmental Payment Voucher, please provide a copy of the payment document. The codes to be used for payment by this method are:

Annual permit fee account no.: 100-022-8015-0183 018

Training registration fee account no.: 100-022-8015-3766 036

Only work that is not specifically excluded per NJAC 5:23-2.14(e) shall be performed under this permit.

Should there be any questions, please call the State Buildings Unit at (609) 777-4521.

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Name of Facility

**Building Subcode**

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Name of Supervisor

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Title

Evidence of qualification submitted (resume)?

Yes\_\_\_

No\_\_\_

**Staff**

Name

Title

- |    |       |       |
|----|-------|-------|
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| 2. | <hr/> | <hr/> |
| 3. | <hr/> | <hr/> |
| 4. | <hr/> | <hr/> |

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Name of Facility

**Electric Subcode**

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Name of Supervisor

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Title

Evidence of qualification submitted (resume)?

Yes\_\_\_

No\_\_\_

**Staff**

Name

Title

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

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Name of Facility

**Plumbing Subcode**

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Name of Supervisor

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Title

Evidence of qualification submitted (resume)?

Yes\_\_\_

No\_\_\_

**Staff**

Name

Title

- |    |       |       |
|----|-------|-------|
| 1. | <hr/> | <hr/> |
| 2. | <hr/> | <hr/> |
| 3. | <hr/> | <hr/> |
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Name of Facility

**Fire Subcode**

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Name of Supervisor

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Title

Evidence of qualification submitted (resume)?

Yes\_\_\_

No\_\_\_

**Staff**

Name

Title

1.

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2.

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3.

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4.

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Name of Facility

Names of Individuals Designated to Attend Training Seminars:

**Building/Fire**

<u>Name</u>	<u>UCC License Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

**Electric**

<u>Name</u>	<u>UCC License Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

**Plumbing**

<u>Name</u>	<u>UCC License Number</u>
1. _____	_____
2. _____	_____
3. _____	_____

11/2009